

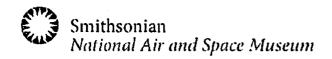
, Christ	Weikel	(name), understand that I am being photographed in
connection with	the Student Space	eflight Experiments Program (SSEP) National Conference at the
Smithsonian Na	tional Air and Spa	ce Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

I hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print name (if different from above)	Office Use Only Identifying Features:
Address:3004 Overton Drive Unit C	
Email address:cjweikel@gmail.com	
Telephone:336.681.1125	
Signature:	
Date:6/28/11	

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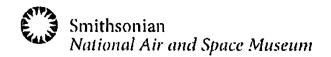
1, 1-llex Weike	(name), understand that I am being photographed in
connection with <u>the Student S</u>	Spaceflight Experiments Program (SSEP) National Conference at the
Smithsonian National Air and	Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

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Print name (if different from above)	Office Use Only
Christy Warkel	Identifying Features:
Address:3004 Overton Drive Unit C	
Email address:cjweikel@gmail.com	
Telephone:336.681.1125	
Signature: <u>Cliffy WA</u>	
Date:6/28/11	

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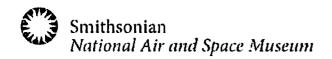
I, Bally Welk's Fick's (name), understand that I am being photographed in connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

I hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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Print name (if different from above)	Office Use Only
Christy Weikel	Identifying Features:
Address:3004 Overton Drive Unit C	
Email address:cjweikel@gmail.com	
Telephone:336.681.1125	
Signature:	
Date:6/28/11	

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I, DIM Weikel Feeks (name), understand that I am being photographed in connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

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Print name (if different from above)	Office Use Only
Christy Weikel	Identifying Features:
Address:3004 Overton Drive Unit C	
Email address:cjweikel@gmail.com	
Telephone:336.681.1125	
Signature:	
Date:6/28/11	

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i, Ehan French (945) (name), understand that I am being photographed in connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

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If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print name (if different from above)	Office Use Only
Lenny Suo-Scench, mother	Identifying Features:
Address: 4105 China berry Ct.	
Evelysboro, NC 27405 Email address:	
French Legasia, Com Telephone:	
CUL 336-908-8800	
Signature Surfiered	
Date 29, 2011	
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I, Physical Connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

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Print name (if different from above)	Office Use Only
Lenny Sue French	Identifying Features:
Address: 4105 Chimberryct Greens boro, NC 201405 Email address:	
Greensbord, NC 201405 Email address:	· · · · · · · · · · · · · · · · · · ·
Telephone	
CUL 336-708-8800 Signature:	
Jerry pence	
Date: Chino et 1, Jol 1	L

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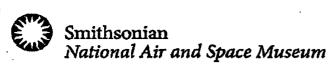
I, Wathow for (name), understand that I am being photographed in connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/05/11, and Thursday, 07/07/11.

I hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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Print name (if different from above)	Office Use Only
Matthew S. French	Identifying Features:
Address: 4105 China beny ct Syeensboro, NC27405 Email address: <u>frenchmægshccom</u>	
Syeensbord, NC27408	
Email address:	
Telephone(4) 336-358-1007	
Signature: Matthews 1. French	
Date: Jul 27, 2211  Menhanhall MS	
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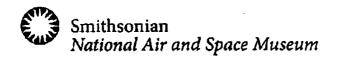
I, \_\_Ope from (IS yts) (name), understand that I am being photographed in connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

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Print name (if different from above)	Office Use Only
Lenny Sue French- mother	Identifying Features:
Address: 4105 Chinakerry of Greensbord, NC27405	
Greensbord, NC2740S	
Email address:  - Cench La gasha.com Talanhana:	
HENCH LIE GLEVIC.COV.	
Telephone: 708 CILL: 336-355-8800	•
Signature: Service for Ch	
Date: SIMO ST. ROLL	
Mandadhall TKD	

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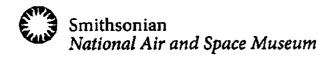


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If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print name (if different from above)	Office Use Only Identifying Features:
Address: 3518 frim rose Ave. Greensboro, NC Email address: gclarkhering @ asl. com	
Email address: gclarkhering @ asl. com	
Telephone: 336 288-4175	
Signature: J. Clary w	
Date: 6/28/11	

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with the Studene Spaceflight Experiments Program (SSEP) National Conference at the

\_ (name), understand that I am being photographed in

Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.
hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for
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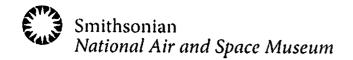
This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand

If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

<del>-</del>	
Print name (if different from above)  G.Clark Hering, IV (Father)	Office Use Only Identifying Features:
Address: 3518 Primrose Ave, Greansboro, NC	
Email address: gclarkhering@aol.com	
Telephone: 336 288-4175	
Signature:	
Date: 6 28 11	

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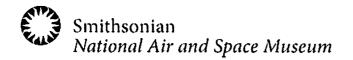
1, Alex Atwater	(name), understand that I am being photographed in
	riments Program (SSEP) National Conference at the
	on Wednesday, 07/06/11, and Thursday, 07/07/11.
permission to photograph me and to use and	mployees, licensees and authorized representatives, reproduce my photograph(s), name and identification for

permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print name (if different from above)	Office Use Only Identifying Features:
Address: <u>SOII Lawndale Dr Apt</u> C C-reensboro, NC2 7455 Email address: <u>anna. atwater@ att-ne</u> T	
Telephone: 336-549-2116	
Signature: Mu Mato (mother)	
Date: 6/29///	

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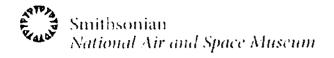


Date: 6/29/3/

# PHOTOGRAPHY RELEASE FORM

I, Anna Atwater (name), understand that I am being photographed in			
connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the			
Smithsonian National Air and Space Museum on Wednesday, 07/0	06/11, and Thursday, 07/07/11.		
I hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.			
If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.			
Print name (if different from above)	Office Use Only Identifying Features:		
	<b>    </b>		
	<b>    </b>		
Address: 5011 Lawndale Or Apt C	<b>    </b>		

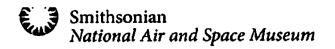
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## PHOTOGRAPHY RELEASE FORM

I, <u>Kimberly Freundt</u> (name), understand tha with	A Company of the Comp
with	Contraction
Thereby give the Smithsonian Institution, its employees, licent permission to photograph me and to use and reproduce my postandard museum purposes including, but not limited to the Spublicity, website, archives, research, publications and other this permission is irrevocable and royalty-free. I waive any right connection with the Smithsonian's uses as authorized in the this release form, and warrant that either I or my parent/legal	ohotograph(s), name and identification for Smithsonian's exhibitions, promotion, educational materials and presentations. ght to inspect or approve the photograph is release. I have read and fully understand
If the subject of the photograph is a minor, this Release legal guardian.	Form must be signed by a parent or
Print name (if different from above)	Office Use Only Identifying Features:
Address: <u>5304 North Oaks Dr., Greensboro, NC 27455</u>	
Email address: <u>kimfreundt@bellsouth.net</u>	
Telephone: (336) 288-4872	
Signature: Kinder Viscondt	
Date: 06-29-2011	

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(name), understand that I am being photographed in

If the subject of the photograph is a minor, this Release Form must be signed by a parer legal guardian.	it or
This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photogon connection with the Smithsonian's uses as authorized in this release. I have read and fully under this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.	raph
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connection with the Student Spaceflight Experiments Program (SSEP) National Conference of the	

Print name (if different from above)	Office Use Only Identifying Features:
Kimberly Freundt, mother of Anna	
Address: 5304 North Oaks Dr., Greensborn NC 27455	
Email address: Kinfreundt @ beilsnuth.net	
Telephone: 1336) 288-4872	
Signature: Kimbal, Frankt	
Date: 6-29-2011	

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